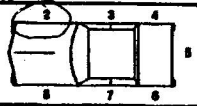
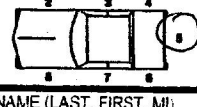
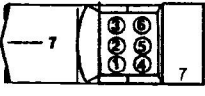



## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - DO NOT MARK ABOVE							
REPORT TAKEN	<input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2	CRASH SEVERITY (CHECK MOST SEVERE)		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH	02/16/16	DAY	THU		
CRASH OCCURRED ON		1425 Columbus Ave.		WITHIN THE INTERSECTION OF		TIME		1230			
IF NOT IN INTERSECTION		N MILES FEET W S E OF		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)		CITY CODE					
LOG-1	LOG-2	LOC	JUR	FM	FLT						
A	UNIT NO. 1	NO OF OCCUPANTS	1	OPERATING	<input checked="" type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Orcutt, Glenda D.		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		441 Lake Front Dr. Lebanon OH 45036		INSURANCE CO OR AGENT Liberty Mutual			
PHONE NO.	513-934-3327	BIRTH DATE	08/13/38	AGE	77	SEX	F	SOCIAL SECURITY NO.			
OWNER (IF SAME AS DRIVER, WRITE SAME)		Same		ADDRESS				PHONE			
VEH YR	2011	MAKE	Ford	MODEL	Escape	COLOR	Blue	STYLE	SW		
STATE	OH	LICENSE PLATE NO	FHT 7180	TOWING SERVICE				VEH PED DIR			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION			
				<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED			
8	UNIT NO. 2	NO OF OCCUPANTS		OPERATING	<input checked="" type="checkbox"/>	PARKED	<input type="checkbox"/>	DRIVERLESS	<input type="checkbox"/>		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Duff, Linda S.		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		1037 S. Nixon Camp RD Oregonia, OH 45054		INSURANCE CO OR AGENT Allstate			
PHONE NO.	513-313-1585	BIRTH DATE	02/13/45	AGE	71	SEX	F	SOCIAL SECURITY NO.			
OWNER (IF SAME AS DRIVER, WRITE SAME)		Same		ADDRESS				PHONE			
VEH YR	2011	MAKE	Toyota	MODEL	Sirina	COLOR	Blue	STYLE	SW		
STATE	OH	LICENSE PLATE NO	FJB 5283	TOWING SERVICE				VEH PED DIR			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION			
				<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED			
C	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	POSITION		INJURIES		
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F		
D	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	P-PEDESTRIAN		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
		ADDRESS		PHONE		SEX			CONDITION		
E	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	P-PEDESTRIAN		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		
		ADDRESS		PHONE		SEX			RESTRAINTS		
F	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE	RESTRAINTS		ALCOHOL		
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F		
A	B	C	INJURED TAKEN TO		By		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		
D	E	F	INJURED TAKEN TO		By		A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		
A		OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		EJECTION		DRUGS	
O		OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F	
RECEIVED CALL	1322	DISPATCHED	1324	ARRIVED	1324	CLEARED	1346	OTHER TIME	30	TOTAL MINUTES	52
DATE REPORT FILED	02/16/16	PHOTOS	YES	OFFICER'S NAME	241 Brock	BADGE NO	126	CHECKED BY			
1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLEGAL DRUG									

2016-3009

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION